



BlueCross BlueShield
of Alabama



State Employees'
Health Insurance Plan

Subscriber Name
JOSHUA D COCHRAN
Contract Number
EIB901442084

In-Ntwk Ded: \$300
Out-of-Ntwk Ded: \$300
In-Ntwk OOP: \$9,100
Out-of-Ntwk OOP: NA

Group Number **13000**
Effective Date **01-01-2023**

HEALTH

PAC

